



KENTUCKY HORSE RACING AUTHORITY

4063 Iron Works Parkway, Bldg. B

Lexington, Kentucky 40511

859-246-2040 Phone 859-246-2039 Fax

WEBSITE: www.khra.ky.gov

For KHRA Use Only

License # _____

License # _____

License Clerk _____

Check # _____ Cash _____

To assure that your license is processed timely, it is required that you complete all fields of the application.

DATE: _____

THOROUGHBRED Have you ever held a KY license? _____ What year? _____				STANDARD BRED Have you ever held a KY license? _____ What year? _____			
U.S.T.A. Number: _____ Expires: _____							
_____ Owner - \$100 _____ Trainer - \$100 _____ Owner/Trainer - \$100 _____ Asst. Trainer - \$100 _____ Claiming - \$100 _____ Jockey - \$100 _____ Jockey App. - \$75 _____ Jockey Agent - \$100 _____ Veterinarian - \$100 _____ Veterinarian Asst. - \$50				_____ Dental Tech - \$50 _____ Vendor - \$50 _____ Vendor Employee - \$25 _____ Blacksmith - \$100 _____ Farm Mgr./Agent - \$50 _____ Stable Employee - \$10 _____ Association Employee - \$25 _____ Mutuel - \$50 _____ Mutuel (Special) - \$10 _____ Occupational - \$25 _____ Racing Official - \$100 _____ Steeplechase Jockey - \$100			
Last Name		First Name Mr. ___ Mrs. ___ Ms. ___ Other ___		Middle Initial	Social Security Number	Date of Birth	Place of Birth
Mailing Address				City	State/Country	Zip Code	
Home Phone ()		Work Phone ()		Sex	Height	Weight	Hair
							Eyes
							Marital Status
Trainer		Employer		Occupation/Duties			
Person to Notify in Emergency		Address		City	State	Phone Number	
OWNERS MUST FILL OUT (*) SECTIONS ON BACK							
Number of horses in training _____ Are you obligated to have worker's compensation covering employee in connection with racing? _____ If yes, indicate company name _____ Policy Number _____ Expiration Date _____ Name of Policy holder _____ Trainers: <u>At the present time I have no full-time employees or part-time employees. I understand my responsibilities under the Kentucky Horse Racing Authority KRS 342, Section 630, and in the future if I employ anyone, I understand that I must obtain workman's compensation insurance and a copy of said certificate will be forwarded to the Kentucky Horse Racing Authority office. Failure to comply with this law may result in the revocation of my racing license. Please initial the box to the left of this section indicating that you have read this notice.</u> <div style="border: 1px solid black; width: 50px; height: 30px; display: inline-block; vertical-align: middle;"></div> Initial Here Assistant Trainer Name of Trainer you are assistant to _____ Number of horses in your care _____							
Please Answer All Questions 1. Have you ever been licensed in any state under any other name ? Yes _____ No _____ If yes, list the names and ages used and identify the state and year. _____ 2. Has your license (your spouse's license) ever been denied, suspended revoked or is a complaint pending in this and/or any other racing jurisdiction? Yes _____ No _____ 3. Have you ever been ruled off, suspended, fined more than \$50.00 or discharged from any racetrack by any racing official, association, or commission? Yes _____ No _____ 4. Have you ever been expelled or ejected from or denied the privileges of a race track? Yes _____ No _____ 5. Have you or any member of your immediate family (1) ever been employed or associated with a bookmaker or any gambling or illegal establishment or (2) ever owned or operated a handbook or other illegal establishment? Yes _____ No _____ 6. Have you or your spouse ever been (1) arrested or indicted, (2) pleaded guilty, pleaded nolo contendere, entered an Alford plea, been guilty or convicted, or (3) forfeited bail or been fined for any criminal offense, either felony or misdemeanor, including driving under the influence, within the last ten (10) years? Yes _____ No _____ 7. Has an indictment or information been returned or complaint been made against you by the United States or any State charging purchase, sale, or possession of a controlled substance? Yes _____ No _____ 8. Are you presently on parole or probation, supervised release, or any type of oversight by federal or state agency as a result of being convicted, plead guilty, plead nolo contendere, or entered an Alford plea for any criminal offense Yes _____ No _____ IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN:							

PLEASE READ THE FOLLOWING AND SIGN:

I understand that participation in racing in Kentucky is a privilege, not a right, that the license issued pursuant to this application is subject to conditions precedent as set out in the Kentucky Rules of Racing, and that my failure to comply therewith shall be grounds for immediate voidance or revocation of such license. By acceptance of said license, I agree to abide by the Kentucky Rules of Racing and rulings or decisions of the Stewards with the knowledge that rulings or decisions of the Stewards shall maintain force until reversed or modified only by the Kentucky Horse Racing Authority.

INSPECTION AND SEARCHES: The Kentucky Horse Racing Authority or the state steward/judge investigating for violations of law of the Rules of Racing shall have the power to permit person authorized by either of them to search the person, or enter the stables, rooms, vehicles, or other places within the track enclosure at which a meeting is held, or other track or places where eligible horses to race at said race meeting are kept of all persons licensed by the Authority and of all employees and agents of any track operator licensed by said Authority and of all vendors who are permitted by said track operator to sell and distribute their wares and merchandise within the track race enclosure, in order to inspect and examine the personal effect or property on such persons or kept in such stables, rooms, vehicles, or other places. Each of such licensees, in accepting a license does hereby irrevocably consent to such search as aforesaid and waive and release all claims or possible actions for damages that be may have by virtue of any action taken under this rule.

I hereby certify that I have read the foregoing application and affirm that every statement contained therein is true and correctly set forth. I do hereby agree that my license may be removed at any time for misstatements or omissions in the foregoing application I also agree to abide by and obey the rules and regulations and conditions of the Kentucky Horse Racing Authority.

I expressly agree to be subject to the subpoena powers of the Kentucky Horse Racing Authority or a written request issue in lieu of a subpoena and to provide the KHRA with any and all such information or documents which it may so request. This agreement shall extend to anything, which relates to any matter that is the subject of a Kentucky Horse Racing Authority hearing or investigation.

I hereby further certify that the foregoing information submitted in this application is true and correct to the best of my knowledge and belief. By subscribing my name I acknowledge that supplying false information in this form could result in prosecution under KRS 523, Section 100.

Signature of Applicant

Date: _____

OWNERS MUST FILL OUT THIS SECTION

*Stable/Farm Name _____

*List of Horses _____

*Horses are to run in the name of _____

**APPLICATION FOR
PARTNERSHIP REGISTRATION**

Name

Share

With whom does the power of entry and declaration rest? _____

All winnings are to be credited to _____

Give in detail the terms of any contingency, lease or any other arrangement

If partnership was previously registered, state when and where _____

